

INDEX Of Operational Policy Letters

<u>OPL#</u>	<u>Date</u>	<u>Subject</u>
OPL001	03/03/95	Waiver of Beneficiary Copayment
OPL002	03/03/95	Impact of 1994 Amendments on HCPPs
OPL003	04/24/95	1994 Amendments: HCPP Technical Issues
OPL004	05/01/95	Out of Area Conversion
OPL005	03/27/95	Financial Responsibility of Emergency Services
OPL006	04/12/95	Subcontractor Compliance with Medicare Rules
OPL007	10/03/97	Clarification of Policies Regarding Who May Sign Enrollment/ Disenrollment Forms – REVISED – REVISED
OPL008	03/01/95	February 1995 Comparative Chart: Risk, Cost, and HCPPs
OPL009	05/10/95	Limiting Charge and HCPP Providers
OPL010	05/25/95	HCPP Compatibility with Medigap
OPL011	04/11/95	Administrative Review Rights for HCPP Enrollees
OPL012	12/15/94	Retroactive Payment Adjustments
OPL013	05/22/95	Retroactive Payment Adjustments (clarification)
OPL014	05/22/95	HMO Lockout of Providers
OPL015	06/09/95	Storage of Enrollment and Disenrollment Forms
OPL016	06/09/95	Military Treatment Facilities & VA Hospitals (MTF/VA)
OPL017	03/17/95	National Medicare Coverage of Lung Transplants
OPL018	06/01/95	Appeal Right for Premature Hospital Discharge
OPL019	06/15/95	Appeal Rights for HCPP Enrollees
OPL020	07/03/95	Physicians, Providers, & Suppliers Outside Service Area
OPL021	07/07/95	Impact of 1994 Amendments on Antiduplication Statute
OPL022	12/09/94	Non-Federally Qualified Line of Business
OPL023	01/15/02	Manual Manipulation of the Spine: Medicare Coverage
OPL024	07/20/95	Cost Reimbursement for Certain Services

OPL025	08/01/95	Plan Maintenance of Disenrollment Forms for Employer Groups
OPL026	08/09/95	Charge Structure Policy
OPL028	11/28/95	Administrative Fee Charged to Employer Group Retirees
OPL029	09/07/95	National Medical Coverage of Lung Transplants – Clarification
OPL030	10/28/96	[Revised] Clarification of HCFA Benefit Policies (Definitions)
OPL031	11/20/95	Calculating the 50/50 Rule
OPL032	12/12/95	Accretions into Health Care Prepayment Plans (HCPP)
OPL033	01/29/96	Concurrent Risk and Cost Contract Service Areas
OPL035	06/24/96	Intermediate Sanctions
OPL036	06/25/96	Prompt Payment Requirement for Services or Supplies Provided By Non-Contracting Providers or Suppliers
OPL037	06/20/96	Point of Guidelines (POS) for Medicare Risk Contracting Plans
OPL038	07/31/96	Payments to Non-Contracting Medicare Participating Physicians by a Risk Contracting Organization
OPL039	07/31/96	Recoupment of Under-Payments by a Risk Contracting Organization to a Non-Contracting Medicare Provider
OPL040	08/21/96	Changes in Title XIII regulations for FQHMOs: (1) the Employer Contribution to HMOs Regulation and (2) The Sunset of Dual Choice
OPL041	11/04/96	Telemedicine Services
OPL042	11/05/96	Visitor Program – Affiliate Program
OPL043	11/16/96	Limits on Physician and Provider Charges for Out-of-Plan Services Provided to Members of Medicare Risk and Cost HMO/CMPs
OPL044	11/25/96	Physician’s Advice and Counsel to Beneficiaries Enrolled in Medicare Managed Care Plans
OPL045	12/03/96	Changes in Physician Incentive Plan Regulation
OPL046	12/19/96	Managed Care Coverage
OPL047	04/14/97	New Reporting Requirements for Medicare Health Plans in 1997: HEDIS 3.0 Measures and the Medicare Beneficiary Satisfaction Survey – REVISED
OPL048	01/13/97	Benefit Packages for Members of Associations, Including Recreation Clubs, Professional Societies, or Chambers of Commerce

OPL049	02/12/97	Medicare Managed Care Plan's Benefits and Coverage of Certain Surgical Interventions for Treatment of Breast Cancer
OPL050	03/19/97	Open Access to Physicians Panels
OPL051	03/19/97	Use of the Word "Medicare" in Market Managed Care Products To Medicare Beneficiaries
OPL052	04/14/97	FEHBP Members Enrollment in Medicare Risk Plans
OPL053	05/28/97	Creditable Coverage under the Health Insurance Portability And Accountabilitly Act of 1996 (HIPPA)
OPL054	07/24/97	Change in the Definition of an Institution for the Purposes of Adjusting Payments to Risk Contracting Managed Care Organizations
OPL055	09/05/97	Balanced Budget Act of 1997
OPL056	10/02/97	Adminstration of Flu Vaccines
OPL057	10/02/97	Access to Screening Mammography
OPL058		<i>Under Development</i>
OPL059	12/19/97	Reporting Requirements for Medicare Health Plans in 1998: Health Plan Employer Data and Information Set Measures (HEDIS 3.0/98) and the Medicare Consumer Assessment of Health Plans Study (CAHPS) and <u>Attachments</u> March 20, 1998 <u>Addendum</u> to Operations Policy Letter #59 June 23, 1998 <u>Addendum II</u> to Operation Policy Letter #59
OPL060	07/17/98	Updating of the "Medicare National Marketing Guide" – REPLACED BY JUNE 2000 VERSION – OPL 120
OPL061	11/25/97	50/50 Enrollment Policy
OPL062		<i>Under Development</i>
OPL063	12/11/97	Transitional Rules for Current Medicare risk contracting HMOs and CMPs (Section 4002 of the Balanced Budget Act)
OPL064	12/24/97	Hospital Encounter Data Requirements from the Balanced Budget Act (BBA) of 1997
OPL065	7/16/98	Transition in the Balanced Budget Act (BBA) for Health Care Prepayment Plans (HCPPs), Cost Contracts, and Residual Cost Members in Risk Contracts -- REVISED
OPL066	3/31/98	BBA Transition Issues – 1999 Contract Year (REVISED)
OPL067		<i>Under Development</i>
OPL069	4/15/98	Collection of Information on Race and Ethnicity
OPL070	5/19/98	Hospital Encounter Data Requirements from the Balanced

Budget Act (BBA) of 1997

OPL071	5/28/98	Timing of a Notice of Noncoverage (NONC) Issued to a Hospital Inpatient – CLARIFICATION OF EXISTING POLICY
OPL072	9/30/98	Quality Improvement System for Managed Care (QISMC)
OPL073	10/16/98	Clarification Regarding and Notification to Part B – only Grandfathered Members
OPL074	10/16/98	Enrollment Processing for Section 1876 Plans Transitioning to Medicare + Choice (M+C) Plans on January 1, 1999
OPL075	10/19/98	National Emphysema Treatment Trial
OPL076	10/21/98	Continuation Area and “Visitor/Traveler Policy” for Medicare + Choice (M+C) Plans
OPL077	07/14/2000	Medicare + Choice Provider and Administrative Contracting Guidance – REVISED July 14, 2000
OPL078	1/25/99	Reporting Requirements for Medicare Managed Care Organizations In 1999: Health Plan Employer Data and Information Set (HEDIS 1999) Measures that Include the Medicare Health Outcomes Survey (HOS) [Formerly the Health of Seniors Survey] and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H)
OPL079	2/4/99	Update to Medicare Managed Care National Marketing Guide ■ REPLACED BY JUNE 2000 VERSION – OPL 120
OPL080	2/8/99	Coverage for Dialysis Outside the M+C Service Area for Beneficiaries with End Stage Renal Disease (ESRD)
OPL081	2/10/99	M+C Organizations Appeal and Grievance Data Disclosure Requirements
OPL082	2/11/99	Notice of Discharge and Medicare Appeal Rights (NODMAR) – (Formerly known as the Notice of Noncoverage – NONC) – MODEL LANGUAGE
OPL083	2/26/99	Questions and Answers Regarding Transition from 1876 Risk to Medicare+Choice Enrollment and Disenrollment Policies Replaced by OPL 104
OPL084	3/26/99	Questions and Answers Regarding Transition from 1876 Risk Members To Medicare + Choice Plans
OPL085	3/23/99	Assisted Suicide Not Covered
OPL086	3/26/99	Medicare Coverage of Abortion
OPL087	4/20/99	Use of Special Election Periods for Medicare Beneficiaries in Employer Group Health Plans
OPL088		<i>Under Development</i>

OPL089	4/23/99	Contract Year 2000 Medicare + Choice Instructions
OPL090	4/23/99	Service Area Requirements for Medicare + Choice (M+C) Coordinated Care Plans – Revised August 15, 2001
OPL091	4/23/99	Multi-Year Benefits under Medicare + Choice (M+C) REPLACED BY OPL 102 !
OPL092	5/4/99	Telecommunications Requirements: Migration of Medicare Managed Care Organizations (MCO) to the Medicare Data Communications Network and the Replacement of the RLINK Software
OPL093	5/4/99	Clarification of Policy Regarding the Collection of Information On Race and Ethnicity
OPL094	5/11/99	Updating of the “Medicare Managed Care National Marketing Guide” - REPLACED BY JUNE 2000 VERSION – OPL 120
OPL095	6/21/99	Capacity Limit / “Age-In” Reserved Vacancy Guidelines and Open/Closed Enrollment Rules for an M+CO’s Plan(s)
OPL096	6/21/99	Changes to the HCFA Managed Care Systems to Reflect the Risk Adjustment Payment Methodology
OPL097	6/21/99	Managed Care Organizations’ Direct Access to the Plan Information Control System (PICS)
OPL098	7/1/99	Effective Dates for Medicare + Choice (M+C) Special Election Periods (SEPs)
OPL099	7/7/99	Medicare + Choice (M+C) Marketing Time Lines
OPL100	8/9/99	Medicare + Choice Enrollment and Disenrollment Policies NOTE: 1/27/2000 <u>OPL 113</u> replaces Sections 3.3.1 – 3.3.3. of OPL 100
OPL101	8/27/99	Migration of Medicare Managed Care Organizations to the Medicare Data Communications Network (MDCN) for Health Plan Management System (HPMS) Access
OPL102	9/23/99	Multi-Year Benefits under Medicare + Choice (M+C) – Replacement OPL
OPL103	10/6/99	The Five-Year Contracting Prohibition under the Medicare+Choice (M+C) Program
OPL104	10/25/99	Questions and Answers Regarding Transition from Section 1876 Risk to Medicare + Choice Enrollment and Disenrollment Policies Replaces OPL 83
OPL 105	10/29/99	Use of Special Election Periods for Medicare Beneficiaries Enrolled in Cost Plans that are Nonrenewing Their Medicare Contracts

OPL106	11/10/99	Final Verification Review of Medicare Managed Care Marketing Materials – REPLACED BY OPL 120
OPL107	11/30/99	Contract Year 2000 Mid-Year Benefit Enhancements to M+C Plans
OPL108	12/01/99	REVISED Model Evidence of Coverage and Disclosure Information
OPL109	12/07/99	Data Elements Required to Complete the Medicare + Choice (M+C) Enrollment Form
OPL110	12/22/99	Standard Reporting Requirements for Medicare Managed Care Organizations in 2000: Health Plan Employer Data and Information Set (HEDIS 2000) Measures that Include the Medicare Health Outcomes Survey (HOS) and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H), and Disenrollment Rates
OPL111	1/6/2000	Changes in Effective Dates for Medicare+Choice Open Enrollment Periods – REPLACED BY <u>OPL 113</u>
OPL112	1/24/2000	Accessibility Aids and Other Items and Services Offered by a Medicare+Choice (M+C) Organization
OPL113	1/27/2000	Changes in Effective Dates for Medicare+Choice Open Enrollment Periods – REPLACES OPL 111
OPL114	1/27/2000	Reporting Appeal and Quality of Care Grievance Aggregate Data to Beneficiaries Upon Request
OPL115	2/24/2000	Requirements to Support the Reconciliation of Payments to Managed Care Organizations (MCO) for their Hospice Members
OPL116	3/1/2000	Quality Improvement System for Managed Care (QISMC) Year 2000 National Project on Community-Acquired Pneumonia
OPL117	3/3/2000	Medicare+Choice (M+C) Bonus Payment
OPL118	3/29/2000	Changes to Medicare Coverage Policies Affecting Medicare+Choice Organizations (M+CO)
OPL119	5/9/2000	Instructions for Assignment of Unique Provider Identification Numbers (UPINs) for Medicare+Choice Organization (M+CO) Providers for Physician Encounter Data Collection – Replaced by OPL127
OPL120	6/8/2000	June 2000 Revised National Marketing Guide
OPL121	6/8/2000	Important Information for Renewing Medicare+Choice (M+C) Contracts for CY 2001
OPL122	6/22/2000	Clarification of Medicare+Choice (M+C) Eligibility Policy for Individuals with End Stage Renal Disease (ESRD) Who Have Reached Kidney Transplants
OPL123	6/22/2000	Use of Special Election Periods (SEP) for Medicare Beneficiaries in Employer Group Health Plans (EGHP)

	OPL124	8/31/2000	Physician Encounter Data Requirements from the Balanced Budget Act of 1997 (BBA)
	OPL125	09/14/2000	Reconcillation of Calendar Year Payments Based on Changess in Risk Adjustor Factors / Enhanced Monthly Membership Reporting – Replaced by OPL126
	OPL126	09/22/2000	Reconciliaton of Calendar Year Payments Based on Changes in Risk Adjustor Factors / Enhanced Monthly Membership Reporting – Replaces OPL125
	OPL127	11/22/2000	New Instructions for Submission of Unique Physician Identification Numbers (UPINs) for Medicare+Choice Organization (M+CO) Providers for Physician Encounter Data Collection – Replaces OPL 119
	OPL128	11/22/2000	Hospital Outpatient Department Encounter Data Requirements from the Balanced Budget Act of 1997 (BBA) - DRAFT OPL Pending OMB Approval
OPL129	OPL129	11/22/2000	1) Year 2001 National Project on Congestive Heart Failure (CHF) for Medicare + Choice Organizations (M+CO); and 2) Extra Payment in Recognition of the Costs of Successful Outpatient CHF Care
	OPL130	12/12/2000	Model Medicare+Choice Plan Evidence of Coverage and Disclosure Information. Effective January 1, 2001 through December 31, 2001
	OPL131	01/24/2001	Standard Reporting Requirements for Medicare Managed Care Organizations in 2001: Health Plan Employer Data and Information Set (HEDIS 2001) Measures that Include the Medicare Health Outcomes Survey (HOS) and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H)
	OPL132	04/27/2001	Important Information for Renewing Medicare+Choice (M+C) Contracts for CY2002, Qs & As for OPL #132 and Marketing Issues,
	OPL133	07/16/2001	Medicare+Choice Organizations’ (M+CO) National Quality Assessment and Performance Improvement (QAPI) for the Years 2002 and 2003 with addendum #1 and addendum #2
	OPL134	12/03/2001	Operational Policy Letter #: 2001.134 – Model M+C Plan Evidence of Coverage and Disclosure Information, January 1, 2002 through December 31, - Attachment 1 - Correction to Appendix B - Revision regarding 2002 Clinical Trial coverage,
	OPL135	12/20/2001	Operational Policy Letter #: 2001.135 – (Coverage of Clinical Trials for CY 2002
	OPL23	02/01/2002	Operational Policy Letter #2002.023 Manual Manipulation of the Spine To Correct Subluxation – Medicare Coverage – Revised – January 15, 2002 (Revision of December 14, 1994)